06-12-02 Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE tion Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. ONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL CHECK BOX, if applic Submit an original, and a duplicate for fee processing. DUPLICATE (Only for Continuation or Divisional applications under 37 CFR 1.53(d)) Attorney Docket No. 2553.004 Address to: of Prior Application Assistant Commissioner for Patents First Named Inventor Andrew Clark **Box CPA** Examiner Name Robert Joynes Washington, DC 20231 1615 Group Art Unit Express Mail Label No. EV 038449173 continuation or divisional application under 37 CFR 1.53(d). This is a request for a (continued prosecution application (CPA)) of prior application number ____08_/_916,578 filed on 08/22/97 , entitled Pharmaceutical Compositions **NOTES** FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. Effective May 29, 2000, a CPA may only be filed in a utility or a plant application if the prior nonprovisional application was filed before May 29, 2000. A CPA may be filed in a design application regardless of the filing date of the prior application. See "Request for Continued Examination Practice changes to and Provisional Application Practice," Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg.14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office (Apr. 11, 2000). C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b). EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned. ACCESS TO PRIOR APPLICATION: The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket. 35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a). WARNING: Information on this form may become public. Credit card information should not

be included on this form. Provide credit card information and authorization on PTO-2038

De included on this form. Provide credit card in	ormation and authorization	1 OH F 1 O-2036.
1. Enter the unentered amendment previously filed of under 37 CFR 1.116 in the prior nonprovisional at 2. A preliminary amendment is enclosed.	onoplication.	
3. This application is filed by fewer than all the inventors a. DELETE the following inventor(s) named in the		
 b. The inventor(s) to be deleted are set forth on a s 4. A new power of attorney or authorization of agent 5. Information Disclosure Statement (IDS) is enclosed: a. PTO-1449 	(PTO/SB/81) is enclosed. 06/13/2002 AWONDAF1 000001 01 FC:131	
b. Copies of IDS Citations	02 FC:102	100.00 GL

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

PTO/SB/29 (10-00)
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS			
732	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	13-20*=		x \$ =	\$			
54	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	5 -3** =	2	x\$ <u>84.00</u> =	168.00			
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + \$ =							
	1354	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	49	BASIC FEE (37 CFR 1.16)	740.00			
	Total of above Calculations = 908.00							
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).							
4.4	* Reissue claims in excess o ** Reissue independent claim		atent.	TOTAL =	908.00			
 6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27. 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No201299: a. Fees required under 37 CFR 1.16. 								
	ees required under 37 Cl							
c. Fees required under 37 CFR 1.18.								
8. ☑ A check in the amount of \$ <u>908.00</u> is enclosed. 9. ☐ Payment by credit card. Form PTO-2038 is attached.								
	icant requests suspension			a period of	months			
	o exceed 3 months) and		CFR 1.17(i) is enclos	ed.				
11.	Attorney Docket Number for application Attorney Docket Number	er, if desired umber will carryover to thi	s CPA <u>unless</u> a new Attorney D	 Oocket Number has bee	n provided herein.]			
12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)								
	Return Receipt Postcard	(Should be specifical	ly itemized, See MPEP 503	3)				
13. Other:								
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.								
14. NEW CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or New correspondence address below								
Name								
			, , , , , , , , , , , , , , , , , , , ,					
Address								
City		State		Zip Code				
Country		Telephone		Fax				
15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
	Name (Print Type) Edward W. Goldstein							
	Signature Surveyalle							
Registration No. (Attorney/Agent) 22/945								